

**COVER SHEET FOR AMENDMENT OF
POST-TRAVEL SUBMISSION**

Date/Time Stamp
SECRETARY OF THE SENATE
17 JUL 13 PM 12:00

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Senator Bill Cassidy

Employing Office/Committee: Cassidy

Private Sponsor(s) (List all): Alliance for Health Reform

Travel Date(s): March 3-5, 2017

Description/Title of Attached Forms: Amended RE-3 Form

Purpose of Amendment (describe the reason for amending original submission): Amending post-travel submission to correct final expenses on the RE-3 Form.

7/13/17
(Date)

Bill Cassidy
(Signature of Traveler)

SENATORS AND OFFICERS POST-TRAVEL DISCLOSURE OF TRAVEL EXPENSES

NAME: _____

This disclosure, along with a copy of the Private Sponsor Travel Certification Form and all attachments, MUST be provided to the Office of Public Records, Room 232 of the Hart Building, within 30 days after the travel is completed.

17 JUL -5 PM 2:57

In compliance with Rule 35.2(a) and (c), I Bill Cassidy, make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me.
(Name of Senator/Officer)

Private Sponsor(s) (list all): Alliance for Health Reform

Travel date(s): March 3-5, 2017

Destination(s): Archie, Warrenton VA

Name of accompanying family member (if any): _____

Relationship to Member/Officer: ☒ Spouse ☐ Child

FILL IN THE APPROPRIATE LINES. IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Senator/Officer:

| | Transportation Expenses | Lodging Expenses | Meal Expenses | Other Expenses (Amount & Description) |
|--|-------------------------|------------------|---------------|---------------------------------------|
| <input type="checkbox"/> Good Faith Estimate | | | | |
| <input type="checkbox"/> Actual Amount | 0 | 188 | 170.30 | 20 folder w/ materials |

Expenses for Accompanying Spouse or Dependent Child (if applicable)

| | Transportation Expenses | Lodging Expenses | Meal Expenses | Other Expenses (Amount & Description) |
|--|-------------------------|------------------|---------------|---------------------------------------|
| <input type="checkbox"/> Good Faith Estimate | | | | |
| <input type="checkbox"/> Actual Amount | -0 | -0 | -0 | - N/A |

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.):

Senator paid for all expenses related to Dr. Laura Cassidy's (spouse) attendance at the event.

I HAVE MADE A DETERMINATION THAT THE TRAVEL DESCRIBED ABOVE WAS IN CONNECTION WITH MY DUTIES AS AN OFFICEHOLDER, AND DID NOT CREATE THE APPEARANCE THAT I WAS USING PUBLIC OFFICE FOR PRIVATE GAIN.

7/5/17
(Date)

Bill Cassidy
(Signature of Senator/Officer)